Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent	
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial _			
3. Liability Other Than Auto	87,496	+12.6%	
I. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
B. Boiler and Machinery			
9. Fire			
Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	307,910	+18.5%	
14. Crop Hail			
5. Other Medical Malpractice	657,117	+1.4%	
Line of Insurance			
		•	
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:		
rofessional liability (oral surgeons) class III			
Priof description of filing. (If filing follows rat	es of an advisory organization, specify orga	enization):	
	property (blanket practice personal property and time		
ate changes for professional habitity (oral surgeons)	property (blanker practice personal property and time	e element, and general naphity.	
'Adjusted to reflect all prior rate changes.			
*Change in Company's premium level whice	th will result from application of new rates.		
Change in Company o promisin force with	The result of th		
	Continental Casualty Compar	Continental Casualty Company	
		nme of Company	
		, .	
	Laura Sachs, FCAS, Assistar	nt Vice President & Actuary	
		Official - Title	